

[Date]

[Policyholder Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

Subject: Confirmation of Coverage Limit Adjustment - Policy #[Policy Number]

Dear [Policyholder Name],

This letter confirms that we have processed the requested changes to your Business Owner's Policy (BOP) effective [Effective Date of Change].

As requested, your coverage limits have been adjusted as follows:

- **General Liability:** [Old Limit] changed to [New Limit]
- **Business Personal Property:** [Old Limit] changed to [New Limit]
- **Building Coverage:** [Old Limit] changed to [New Limit]
- **[Other Coverage Type]:** [Old Limit] changed to [New Limit]

Due to these adjustments, your new policy premium will be [New Premium Amount]. You will receive a formal endorsement page and an updated billing statement via [Mail/Email] within [Number] business days.

Please review these changes carefully to ensure they meet your current business requirements. If you have any questions or need further modifications, please contact your agent at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name] for your business insurance needs.

Sincerely,

[Agent Name/Representative Name]

[Title]

[Insurance Company/Agency Name]